



# Release of Claims Form

All Memphis Christian Athletic Association sports  
(please print)

Participant's Full Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Participant's Email \_\_\_\_\_ Cell # \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Father's Mobile # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Father's email address \_\_\_\_\_

Mother's Mobile # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Mother's email address \_\_\_\_\_

May we share the above information with the team? \_\_\_\_\_ If not, why? \_\_\_\_\_

Emergency contact other than parent \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

I understand that my participation in Memphis Nighthawks activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parent/guardian, if I am a minor, hereby release, discharge, indemnify and agree to hold harmless, Memphis Christian Athletic Association, its club/teams, directors, officers, employees, coaches, agents, officials, owners/lessors of premises, and all volunteer personnel for personal injuries and/or damage(s), injury or illness that I may suffer, and all liability from my participation in these and any other team related travel, lodging, social/recreational activities. I further authorize Memphis Nighthawks and its coaches, agents to administer first aid, contact physician for treatment, call for emergency treatment, and/or transport participant to medical facility for treatment.

Physician name \_\_\_\_\_ Phone number \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Policy Number \_\_\_\_\_

Known medical conditions \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

